



CITY OF SUNRISE

## AGENDA ITEM REQUEST

ORIGINATING DEPARTMENT: FIRE RESCUE

ROUTING:

CITY MANAGER: \_\_\_\_\_ DATE: 3/16/2009

CITY MANAGER APPROVAL TO BEGIN PROCEDURES.

SIGNATURE: [Signature]

PURCHASING: DATE: \_\_\_\_\_

PURCHASING APPROVAL: SIGNATURE: \_\_\_\_\_

LEGISLATIVE AIDE: DATE: 3/16/09 (B)

CITY ATTORNEY: DATE: 3/16/09 (B)

ITEM REQUEST:

A RESOLUTION APPROVING THE ACCEPTANCE OF FLORIDA DEPARTMENT OF HEALTH EMERGENCY MEDICAL SERVICES GRANT FUNDS, IN PARTNERSHIP WITH BROWARD COUNTY; AUTHORIZING THE FIRE CHIEF TO EXECUTE ALL RELATED DOCUMENTS.

FUNDING SOURCE:

N/A

AMOUNT:

N/A

BUDGET APPROVAL

SIGNATURE: \_\_\_\_\_

ATTACHED EXHIBITS:

1. RESOLUTION
2. GRANT APPLICATIONS

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SUMMARY EXPLANATION/BACKGROUND INFORMATION/JUSTIFICATION:

BROWARD COUNTY EMS SUBMITTED AN APPLICATION FOR GRANT FUNDING TO THE FLORIDA DEPARTMENT OF HEALTH ON BEHALF OF THE COUNTY AND SEVERAL BROWARD MUNICIPALITIES. INCLUDED IN THE APPLICATION, WHICH WAS APPROVED BY THE STATE, ARE THE FOLLOWING:

1. THE FIRST GRANT IS IN THE AMOUNT OF \$99,856 TO PURCHASE CPR IMPEDANCE THRESHOLD DEVICES, TO FACILITATE CPR PERFORMANCE. WHILE THE GRANT REQUEST WAS ORIGINALLY SUBMITTED ON BEHALF OF THE CITY OF LIGHTHOUSE POINT, SUNRISE HAS AGREED TO TAKE OVER AS THE LEAD AGENCY ON THIS ITEM AND WILL PROCURE AND DISTRIBUTE THE DEVICES TO ALL PARTICIPATING AGENCIES THROUGHOUT THE COUNTY.
2. THE SECOND GRANT IS IN THE AMOUNT OF \$67,610 FOR ROADWAY SAFETY PRODUCTS, INCLUDING TRAFFIC SAFETY SIGNS, CONES AND OTHER SAFETY RELATED PRODUCTS. WHILE THE GRANT REQUEST WAS ORIGINALLY SUBMITTED ON BEHALF OF THE TOWN OF DAVIE, SUNRISE HAS AGREED TO TAKE OVER THE LEAD AGENCY ROLE ON THIS ITEM AND WILL ALSO PROCURE AND DISTRIBUTE THESE ITEMS.

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DEPARTMENT HEAD RECOMMENDATION:

APPROVAL

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PERSON WITH ADDITIONAL INFORMATION:

NAME: NORM RYNNING PHONE: 954-746-3453

DEPARTMENT HEAD SIGNATURE:

  
NORM RYNNING, FIRE CHIEF

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CITY MANAGER RECOMMENDATIONS:

APPROVED FOR AGENDA PLACEMENT.

SIGNATURE:  (CITY MANAGER)

**SUNRISE, FLORIDA**

**RESOLUTION NO. \_\_\_\_\_**

A RESOLUTION OF THE CITY OF SUNRISE, FLORIDA, APPROVING THE ACCEPTANCE OF FLORIDA DEPARTMENT OF HEALTH EMERGENCY MEDICAL SERVICES GRANT FUNDS, IN PARTNERSHIP WITH BROWARD COUNTY; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, Broward County Emergency Management Services submitted an application for grant funding to the Florida Department of Health for EMS County Grant Funds on behalf of the County and several Broward municipalities for various purchases and services for the purpose of improving emergency medical services including the two (2) grants described below; and

WHEREAS, the City has the opportunity to take over the City of Lighthouse's role as the lead agency in the grant for the procurement and distribution for CPR Impedance Threshold Devices to facilitate CPR performance in Broward County;

WHEREAS, the City also has the opportunity to take over the Town of Davie's role as the lead agency in the grant for the procurement and distribution for Roadway Safety Products including traffic safety signs, cones and other safety related products;

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF SUNRISE, FLORIDA:

Section 1. The acceptance of Florida Department of Health Emergency Medical Services Grant Funds for the

Emergency Responder Roadway Safety Grant and the CPR Impedance Threshold Device Grant, in partnership with Broward County, is hereby approved.

Section 2. The Fire Chief is hereby authorized as the appropriate City official to sign the necessary documents in connection with this Grant, subject to approval by the City Attorney.

Section 3. Effective Date. This Resolution shall be effective immediately upon its passage.

PASSED AND ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2009.

\_\_\_\_\_  
Mayor Roger B. Wishner

Authentication:

\_\_\_\_\_  
Felicia M. Bravo  
City Clerk

MOTION: \_\_\_\_\_  
SECOND: \_\_\_\_\_

ALU: \_\_\_\_\_  
ROSEN: \_\_\_\_\_  
SCUOTTO: \_\_\_\_\_  
SOFIELD: \_\_\_\_\_  
WISHNER: \_\_\_\_\_

Approved by the City Attorney  
as to Form and Legal Sufficiency. \_\_\_\_\_  
Stuart R. Michelson

## EMS GRANT APPLICATION

This page becomes Page 1 of your application. Instructions and important dates are on Page 7

**PROJECT TITLE:** Emergency Responder Roadway Safety

**PROJECT COST:** \$67,610.00

**YOUR AGENCY'S NAME:** Town of Davie Fire Rescue

**AGENCY ADDRESS:** 6901 Orange Drive, Davie FL 33314

### PROJECT CONTACT PERSON INFORMATION:

(Person to be contacted for more information for the application, for purchasing, reports, etc. as required under the terms and conditions of the County Award Grant program.)

**PRINTED NAME:** Julie Downey

**TELEPHONE:** 954-797-1189

**FAX NUMBER:** 954-797-1234

**EMAIL:** jdowney@davie-fl.gov

**CELLULAR:** 954-914-9151

### Project Criteria Checklist:

(If these criteria apply, you may need to submit additional application pages.)

### MULTIPLE AGENCIES OR COUNTYWIDE PARTICIPATION –

#### APPLYING FOR EQUIPMENT:

Are you submitting this project on behalf of other agencies which will also receive this equipment requested in the grant?

No ☐ Yes, multiple agencies ☐ Yes, all applicable agencies ☒

If yes, you are required to submit Pages 16-19 of the application. See Page 3 for an explanation or contact Barbara Pomeranz.

### MULTIPLE AGENCIES OR COUNTYWIDE PARTICIPATION –

#### SOMETHING OTHER THAN EQUIPMENT

Are you submitting this application on behalf of other agencies which will participate in and/or receive something other than equipment?

No ☒ Yes, multiple agencies ☐ Yes, all applicable agencies ☐

If yes, you are required to submit written information indicating interest from participating Agencies. See Pages 3 and 4 for an explanation or contact Barbara Pomeranz.

## **PROJECT DESCRIPTION**

Briefly describe the project. Please do not use brand names. If project is for training, do you have a sample curriculum to include? Who are the instructors? Is this a pilot?

*A lack of visibility and public awareness for responders on scene are at the root of many accidents involving emergency responders. Such incidents will likely rise as Broward's population will increase by 141,000 people by 2010. This growth will result in more cars on the roads, and more incidents that require fire rescue response. Moreover, there are major multi-year construction projects scheduled for I-595, I - 95 and the Turnpike which will increase the potential for accidents and danger involving our first responders. There is a large need to increase the visibility to the public of emergency personnel responding to incidents on the roadways, to improve their safety and that of those traveling on the roads. We must protect our emergency responders before another emergency responder is innocently injured or killed.*

*This grant will provide increase visibility to our emergency responders by purchasing highly visible fluorescent pink emergency incident warning signs, reflective cones to alert drivers to an upcoming emergency incident and emergency traffic control reference guides. These items will be in compliance with No. 12399 Manual on Uniform Traffic Control Devices Standard. In addition to the safety equipment this grant will provide for a train the trainer class for fire rescue personnel responding to and on scene of a motor vehicle collision and bring fire rescue personnel in compliance with the Federal Highway Administration's Chapter 61 of the Manual on Uniform Traffic Control Devices (MUTCD) and NFPA's emergency traffic control standards.*

## **EMS IMPROVEMENT AND EXPANSION**

Describe how this project will improve and expand prehospital EMS within Broward County. What is the need for this project? What is the situation now? How will it change after the grant is completed?

*Reducing deaths and injuries to fire rescue personnel while responding to or on scene of motor vehicle incident on a roadway is essential. The statistics are unacceptable.*

### **Fire Rescue Fatalities\***

*16.5 fatalities/100,000 greater than 3 X the national average (5.0 fatalities/100,000)*

*74% transportation related 1/5 of fatalities were struck by moving vehicles*

*11% were cardiovascular, 9% were homicide, 4% needle sticks, electrocution, drowning and other, Over 5,000 crashes a year involving fire rescue vehicles*

*\* Maguire, Hunting, Smith & Levick, Occupational Fatalities in Emergency*

*The solution is to make the first responder more visible to drivers of vehicles sharing the road. This grant will accomplish this by purchasing visibility safety items and equipment for our personnel, to include highly visible fluorescent pink emergency incident warning signs, and reflective collapsable cones to warn drivers of an upcoming emergency incident. These items will be in compliance with No. 12399 Manual on Uniform Traffic Control Devices Standard. In addition to the safety equipment this grant will provide for a train the trainer class to teach fire rescue personnel the proper ways of responding to and on scene of a motor vehicle collision and bring fire rescue personnel in compliance with the Federal Highway Administration's MUTCD and NFPA's emergency traffic control standards.*

*You may submit additional pages.*

**Project Criteria:**

**IS THERE RESEARCH OR LITERATURE?** Yes X No     

If you are including any, please attach at the end of application.

**ARE YOU INCLUDING LETTERS OF APPROVAL, SUPPORT OR REFERENCES WITH YOUR APPLICATION?** Yes X No     

If yes, attach at the end of the application but list the name of the organization(s) below:

**MEASURABLE GRANT OBJECTIVE(S):**

What are your specific objectives or desired outcomes?

Objectives should be measurable, obtainable, and specify a key result to be accomplished. These are your "work steps." What will be different because of your grant? What is the return in terms of improving or expanding EMS from your project? If you are requesting equipment or items that may be used in the future, you must track the usage data for an additional 12 months after the equipment is in place: your objective might read: To install 4 AED units in 4 public buildings. To schedule and hold three classes. To train 19 employees. To track usage data for 12 months after installation.

List objective(s):

- To improve the safety fire rescue personnel responding to incidents on highways and streets through increased visibility.
- To decrease the likelihood of secondary incidents occurring during a response to a roadway incident, thereby decreasing the chance of injury or death for emergency responders;
- To do accomplish the above objectives this grant will purchase and distribute roadway safety items to all agencies and provide a train the trainer class for roadway safety and bring Fire Rescue personnel in compliance with the Federal Highway Administration's MUTCD and NFPA's emergency traffic control standards.

**ARE YOU HOLDING CLASSES? NO**

Did you attach support memos/emails/forms showing interest from other agencies and how many would attend? X Sample of class curriculum? X Do you know class locations? **Yes we will hold the class at the Broward Fire Academy 2600 SW 71 Terrace, Davie Florida**

Are you addressing issues of travel, scheduling, etc?

*Note: Work Plan no longer required by State. You may submit additional pages.*

Distribute safety items to 20 agencies.

Improve safety of fire rescue personnel responding to highway and street incidents by 100% since they have none of this equipment currently.

Advertise 3 separate classes, 2 hours each, to be held at the Fire Academy.

Train one train the trainer, minimum from each of 20 agencies.

## EXPENDITURE PLAN

What is needed to accomplish your objective(s)?

Realistic, conservative cost estimates are in your best interest. Do not price yourself out of the process. Do not pad. Do not round up. These few dollars could make a difference in funding someone else's project. We can cover reasonable overages and also we use leftover funds for the following year. Grant monies cannot be used to supplant existing positions, pay overtime, meeting room expense or for food or for kitchen equipment. If other agencies are participating in your project, list the agency and quantity each will receive if not identical. Include 1st year maintenance costs if not included with equipment.

ITEM (No brand names, please)	Unit Cost	Quantity	Total
Emergency scene signs (fluorescent pink)	350.00	59	20,650.00
28" pop up traffic cones w/LED lights (5 pack)	160.00	206	32,960.00
Emergency Traffic Control Reference Guide	20.00	275	5,500.00
Train the Trainer class for 50 instructors	8500	1	8,500.00
Delivery Charges, if any, estimated			

Attach additional pages if needed.

**TOTAL: 67,610.00**

## FUTURE EXPENSE

Please estimate the maintenance or other required recurring expenses per unit after first grant year, if applicable. these costs will be absorbed by the grant recipient(s) and not paid from grant funds. Please discuss this issue with your Agency because it may affect your budget.

Item \_\_\_\_\_

Cost

None

## OWNERSHIP

Do you wish to be assigned ownership of the items purchased under this grant?

Yes X No \_\_\_\_\_

If you do not possess an ownership interest in the items purchased under the grant, the County may require that the equipment be returned to the County at the end of the grant period in good condition minus normal wear and tear.



### **MEDICAL DIRECTOR APPROVAL**

Does the project require approval from your Medical Director according to Chapter 401, Florida Statutes, Chapter 64E-2, Florida Administrative Code? If yes, have your Medical Director complete the following:

**Medical Director approval: Not needed**

The undersigned, as Medical Director, supports and approves the following project:

**Project Name:**

**My authorizing signature:**

**Date:**

**Printed Name:**

**Title:**

**Agency Name:**

### **SPECIAL LICENSURE OR APPROVALS**

Are you aware of special licensure or approvals needed (i.e., State Division of Communications)? If yes, please include this information with your Application.

### **RESPONSIBILITIES FOR ADDITIONAL COSTS**

All projects awarded funding by the County which involve purchasing of equipment and/or facilities by the County through Broward County's Purchasing Division will require the respective entity to be responsible for securing and paying any and all costs associated with maintenance, insurance, licensing and permitting required or deemed necessary for said equipment or facilities in order to fulfill the project objectives.

### **RISK OF LOSS**

The entity which will ultimately have ownership of the items procured through this grant process must agree to be responsible for any risk of loss prior to receipt of the equipment and be liable for damages to persons or property that may occur upon delivery of the items if such damage is not caused by the County.

### **USEFUL LIFE OF EQUIPMENT**

If your project is funded and at some time there is no further need for the equipment, its useful life has been reached or if you are lending it to another agency, please contact the Contracts/Grants Administrator for instructions or information.

### **PROGRESS REPORTS**

After receipt of the funds by the County and allocation into project accounts, the purchasing process begins. The project leader is required to submit a quarterly report to the Contracts/Grants Administrator after implementation of the project objectives. It should describe progress to date. Additional quarterly reports will be required until completion of the project. You will be sent the form and instructions.

## **OUTCOME/EVALUATION/FINAL REPORT**

Within thirty (30) days after the full implementation of the project, the project leader is required to submit a report evaluating the project's results, completing your grant project cycle. Some projects will have an objective to track usage data for an additional 12 months after equipment is in place so the Committee can evaluate the project's impact (especially for AED projects.) The report should include outcome measures, indicating by percentage or actual numbers, the extent to which the original objectives were accomplished. Base your report on information from participating agencies, statistics, surveys, satisfaction reports, class attendance rosters, etc. The Contracts/Grants Administrator will provide the form, instructions and due date for the report.

The results from all the projects will be compiled for a report to be presented to the Grants Committee and results will be presented at a Broward Regional EMS Council meeting highlighting the types of projects funded and the impact County Award Monies have for Broward County (the outcome of your objectives). Additionally, this information is sent to the State of Florida's EMS County Grant Program Manager as required in the terms and conditions of the grant program.

## **DUPLICATE FUNDING**

If an identical grant (including partial quantities) is funded by another source, including sources such as EMS Matching Grants, you are requested to advise Barbara Pomeranz. Duplicate purchasing will not be made from County Award Monies for an approved project. The unused monies would be available for the next ranked project.

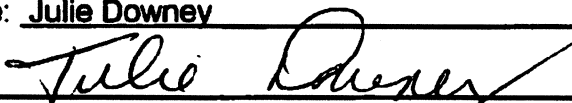
## **PROXY STATEMENT**

Should the project leader or the authorized agency signer not be attending the Ranking Meeting and partial funds come available, please indicate below if you wish to accept partial funds to accomplish part of your objectives. You will be asked to modify your project objectives and expenditures in writing.

I would accept partial funding.   X  

I cannot accomplish an objective with partial funding.       

Printed Name: Julie Downey

Signature:   
(Project Leader or Authorized Signer of grant application.)

## **COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT**

The undersigned shall comply with Titles I and II of the Americans with Disabilities Act of 1990 regarding nondiscrimination on the basis of disability in employment and in state and local government services in the course of providing such services and programs, funded in whole or in part by Broward County.

## **AUTOMATIC TERMINATION OF LEGAL AGREEMENT**

Should your agency be party to a legal agreement with the County for funding and the grantee voluntarily notifies the County that they cannot use the funding or the project is not moving forward, then such notification makes it an automatic termination of the legal agreement.

**PRESENTATION MEETING REPRESENTATION**

Will a representative attend the Presentation Meeting on Thursday, September 30?

Yes   X   No        Making a presentation? Yes   X   No       

*Barbara Pomeranz will contact you with approximate presentation times and coordinate any AV aids you will be needing or using.*

**Authorized Agency Representative Signature:**

I accept responsibility for management of the project and compliance with applicable terms and conditions, including EMS County Grant General Conditions, and certify that to the best of my knowledge, the information contained in this application is true and correct. I have authority to sign for my agency.

AUTHORIZED SIGNATURE:  DATE: July 15, 2006

PRINTED NAME: Julie Downey

TITLE: Assistant Chief

AGENCY NAME: Davie Fire Rescue

TELEPHONE NUMBER: 954-797-1189

EMAIL ADDRESS: jdowney@davie-fl.gov

This is the last page of your Application unless your application is "Multiple Agencies" or "Countywide." If you checked "Multiple Agencies or "Countywide" - "Applying for Equipment" on Page 8, please go to page 16.

## 2007 EMS COUNTY GRANT PROGRAM

**Project Leader:** If your project is for "Multiple Agencies/Countywide Projects- Applying for Equipment" please send out the Interest Inquiry Pages, 17-19, and complete the Recap.

### **INSTRUCTIONS FOR RECAP**

The agencies participating in your project need to be aware of, and agree to, the same terms and conditions as your agency. Please fax or mail Application Pages 17, 18, 19 to those agencies. Please send them any additional information you feel they may need to understand the objectives of the grant project. Please do not fill in their answers.

Then, please recap the responses by listing below the agencies participating and the quantity they are requesting based on your written responses from the project interest inquiry. Please make 12 copies of this page and include with each of the 12 copies of your application.

If you have not heard yet from some agencies, please indicate so. This recap list is used to confirm your quantities and see if your application is complete.

### **INSTRUCTIONS FOR PAGES 17 – 19.**

Please submit only one copy of the Interest Inquiry Pages, 17, 18 and 19 (the responses from other agencies) with your original application. These are not provided to the Grants Committee members, only the recap. Attach them at the end of the original application, after research documentation, support letters, etc.

### **RECAP**

#### **List Agencies Responding:**

#### **List Quantity:**

**Signs - Supervisor Vehicles/ Cones -Supervisors vehicles and Rescue Units)**

BSOFR	6 / 19
Coral Springs FR	4 / 16
Dania Beach FR	2 / 6
Davie FR	4 / 16
Deerfield Beach FR	3 / 10
Ft. Lauderdale FR	5 / 20
Hallandale Beach FR	1 / 4
Hollywood FR	4 / 14
Lauderhill FR	2 / 7
Lighthouse Point FR	1 / 3
Margate FR	2 / 7
Miramar FR	2 / 8
North Lauderdale FR	2 / 6
Oakland Park FR	3 / 7
Pembroke Pines FR	4 / 18
Plantation FR	3 / 10
Pompano Beach FR	2 / 9
Seminole Tribe FR	3 / 8
Sunrise FR	2 / 10
Tamarac FR	2 / 8

**Total - 57 Signs for Supervisor vehicles and 206 sets of collapsible cones for Supervisors vehicle and Rescue units.**

**List Agencies "not interested": None**

**List missing responses: None**

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EMS COUNTY GRANT PROGRAM

**EMS GRANT APPLICATION**

This page becomes Page 1 of your application. Instructions and important dates are on Pages 1 - 8.

**PROJECT TITLE:**

CPR Impedance Threshold Device

**PROJECT COST:**

\$99856.00

**YOUR AGENCY'S NAME:**

Lighthouse Point Fire Rescue

**AGENCY ADDRESS:**

3740 NE 22 Ave. Lighthouse Point, FL 33064

**PROJECT CONTACT PERSON INFORMATION:**

(Person to be contacted for more information for the application, for purchasing, reports, etc. as required under the terms and conditions of the County Award Grant program.)

**PRINTED NAME:** David Donzella

**TELEPHONE:** (954) 941-2624

**FAX NUMBER:** (954) 784-3400

**EMAIL:** ddonzella@lighthousepoint.com

**PAGER:**

**→Project Criteria Checklist:**

(If these criteria apply, you may need to submit additional application pages.)

**MULTIPLE AGENCIES OR COUNTYWIDE PARTICIPATION –  
APPLYING FOR EQUIPMENT:**

Are you submitting this project on behalf of other agencies which will also receive this equipment requested in the grant?

No        Yes, multiple agencies        Yes, all applicable agencies X

If yes, you are required to submit Pages 16-19 of the application. See Page 3 for an explanation or contact Barbara Pomeranz.

**MULTIPLE AGENCIES OR COUNTYWIDE PARTICIPATION –  
SOMETHING OTHER THAN EQUIPMENT**

Are you submitting this application on behalf of other agencies which will participate in and/or receive something other than equipment?

No X Yes, multiple agencies        Yes, all applicable agencies       

If yes, you are required to submit written information indicating interest from participating Agencies. See Pages 3 and 4 for an explanation or contact Barbara Pomeranz.

## EMS COUNTY GRANT PROGRAM

### PROJECT DESCRIPTION

Briefly describe the project. Please do not use brand names. If project is for training, do you have a sample curriculum to include? Who are the instructors? Is this a pilot?

The project is designed to furnish all Municipal and County operated ALS licensed vehicles with 4 CPR Impedance Threshold Devices to assist in cardiac resuscitation in the pre-hospital setting and thereby increasing positive patient outcomes.

### EMS IMPROVEMENT AND EXPANSION

Describe how this project will improve and expand prehospital EMS within Broward County. What is the need for this project? What is the situation now? How will it change after the grant is completed?

Survivability from cardiac arrest in Broward and the nation is poor. Significant changes in CPR have been made to improve this poor reality. One device in particular, the impedance threshold device is a new tool used in the resuscitation of cardiac arrest patients. It carries a level IIA designation from the AHA ACLS Guidelines and now surpasses Epinephrine in effective treatment modalities to combat cardiac arrest. It is placed on the end of the breathing tube. On the upstroke of CPR, the impedance threshold device momentarily stops the flow of unnecessary air into the chest. This also creates a vacuum in the chest. It is designed so that it does not prevent the rescuer from blowing air into the patient's lungs and does not prevent air from coming out of the chest. When the device prevents unnecessary air from entering the chest during the upstroke of CPR, it causes a greater vacuum in the chest than would occur if air were free to enter. Researchers have shown that this vacuum increases blood return to the heart in cardiac arrest patients.

The device also has timing lights that go on and off at a rate of 12/min to guide rescuers to provide ventilation at the correct rate thus preventing hyperventilation which is considered detrimental in the resuscitation of patients. The device can either be attached to a face mask, or an airway bridge device. This device has been extensively studied in humans. One study using the combination of a rescue pump CPR and the impedance threshold device showed significantly increased 24-hour survival from cardiac arrest. A study with the impedance threshold device and standard CPR doubled blood pressure during resuscitative efforts. Two additional studies using the impedance threshold device in standard CPR showed significantly increased rates of return of pulse and survival to admission to an intensive care unit. There have been a total of 7 human studies using active compression decompression CPR and 3 human studies using the impedance threshold device with standard CPR in over 1000 patients. Neurological outcome in survivors of these studies was at least as good and often better than with using standard CPR. With this data available we believe this device will increase survivability and show greater salvageability of our cardiac arrest patients in Broward County. CPR alone is not good enough as the studies suggest. This device will make a difference.

You may submit additional pages.

## EMS COUNTY GRANT PROGRAM

### →Project Criteria:

**IS THERE RESEARCH OR LITERATURE?** Yes ☒ No ☐

If you are including any, please attach at the end of application.

**ARE YOU INCLUDING LETTERS OF APPROVAL, SUPPORT OR REFERENCES WITH YOUR APPLICATION?** Yes ☐ No ☒

If yes, attach at the end of the application but list the name of the organization(s) below:

### MEASURABLE GRANT OBJECTIVE(S):

What are your specific objectives or desired outcomes?

Objectives should be measurable, obtainable, and specify a key result to be accomplished. These are your "work steps." What will be different because of your grant? What is the return in terms of improving or expanding EMS from your project? If you are requesting equipment or items that may be used in the future, you must track the usage data for an additional 12 months after the equipment is in place: your objective might read: To install 4 AED units in 4 public buildings. To schedule and hold three classes. To train 19 employees. To track usage data for 12 months after installation.

List objective(s):

1. Reduce mortality from cardiac arrest over 2005 percentages as a result of the implementation of this device.
2. Outfit each Municipal and County ALS licensed vehicle in Broward County with 4 CPR Impedance Threshold Devices.
2. Track patient outcomes of cardiac arrests with the use of the CPR Impedance Threshold Device.

### ARE YOU HOLDING CLASSES?

Did you attach support memos/emails/forms showing interest from other agencies and how many would attend? \_\_\_\_\_ Sample of class curriculum? \_\_\_\_\_ Do you know class locations? Are you addressing issues of travel, scheduling, etc?

You may submit additional pages.

## EMS COUNTY GRANT PROGRAM

### EXPENDITURE PLAN

What is needed to accomplish your objective(s)?

Realistic, conservative cost estimates are in your best interest. Do not price yourself out of the process. Do not pad. Do not round up. These few dollars could make a difference in funding someone else's project. We can cover reasonable overages and also we use leftover funds for the following year. Grant monies cannot be used to supplant existing positions, pay overtime, meeting room expense or for food or for kitchen equipment. If other agencies are participating in your project, list the agency and quantity each will receive if not identical. Include 1st year maintenance costs if not included with equipment.

ITEM (No brand names, please)	Unit Cost	Quantity	Total
CPR Impedance Threshold Devices	\$79.00	1264	\$99856.00
Delivery Charges, if any, estimated			None

Attach additional pages if needed.

**TOTAL:** \$99856.00

### FUTURE EXPENSE

Please estimate the maintenance or other required recurring expenses per unit after first grant year, if applicable. these costs will be absorbed by the grant recipient(s) and not paid from grant funds. Please discuss this issue with your Agency because it may affect your budget.

Item \_\_\_\_\_

Cost

None

### OWNERSHIP

Do you wish to be assigned ownership of the items purchased under this grant?

Yes X      No \_\_\_\_\_

If you do not possess an ownership interest in the items purchased under the grant, the County may require that the equipment be returned to the County at the end of the grant period in good condition minus normal wear and tear.



## EMS COUNTY GRANT PROGRAM

### MEDICAL DIRECTOR APPROVAL

Does the project require approval from your Medical Director according to Chapter 401, Florida Statutes, Chapter 64E-2, Florida Administrative Code? If yes, have your Medical Director complete the following:

#### Medical Director approval:

The undersigned, as Medical Director, supports and approves the following project:

**Project Name:** CPR Impedance Threshold Device

**My authorizing signature:** 

**Date:** 07/12/2006

**Printed Name:** Dr. Richard Paley

**Title:** Medical Director

**Agency Name:** Lighthouse Point Fire Rescue Department

### SPECIAL LICENSURE OR APPROVALS

Are you aware of special licensure or approvals needed (i.e., State Division of Communications)? If yes, please include this information with your Application.

### RESPONSIBILITIES FOR ADDITIONAL COSTS

All projects awarded funding by the County which involve purchasing of equipment and/or facilities by the County through Broward County's Purchasing Division will require the respective entity to be responsible for securing and paying any and all costs associated with maintenance, insurance, licensing and permitting required or deemed necessary for said equipment or facilities in order to fulfill the project objectives.

### RISK OF LOSS

The entity which will ultimately have ownership of the items procured through this grant process must agree to be responsible for any risk of loss prior to receipt of the equipment and be liable for damages to persons or property that may occur upon delivery of the items if such damage is not caused by the County.

### USEFUL LIFE OF EQUIPMENT

If your project is funded and at some time there is no further need for the equipment, its useful life has been reached or if you are lending it to another agency, please contact the Contracts/Grants Administrator for instructions or information.

### PROGRESS REPORTS

After receipt of the funds by the County and allocation into project accounts, the purchasing process begins. The project leader is required to submit a quarterly report to the Contracts/Grants Administrator after implementation of the project objectives. It should describe progress to date. Additional quarterly reports will be required until completion of the project. You will be sent the form and instructions.

## EMS COUNTY GRANT PROGRAM

### OUTCOME/EVALUATION/FINAL REPORT

Within thirty (30) days after the full implementation of the project, the project leader is required to submit a report evaluating the project's results, completing your grant project cycle. Some projects will have an objective to track usage data for an additional 12 months after equipment is in place so the Committee can evaluate the project's impact (especially for AED projects.) The report should include outcome measures, indicating by percentage or actual numbers, the extent to which the original objectives were accomplished. Base your report on information from participating agencies, statistics, surveys, satisfaction reports, class attendance rosters, etc. The Contracts/Grants Administrator will provide the form, instructions and due date for the report.

The results from all the projects will be compiled for a report to be presented to the Grants Committee and results will be presented at a Broward Regional EMS Council meeting highlighting the types of projects funded and the impact County Award Monies have for Broward County (the outcome of your objectives). Additionally, this information is sent to the State of Florida's EMS County Grant Program Manager as required in the terms and conditions of the grant program.

### DUPLICATE FUNDING

If an identical grant (including partial quantities) is funded by another source, including sources such as EMS Matching Grants, you are requested to advise Barbara Pomeranz. Duplicate purchasing will not be made from County Award Monies for an approved project. The unused monies would be available for the next ranked project.

### PROXY STATEMENT

Should the project leader or the authorized agency signer not be attending the Ranking Meeting and partial funds come available, please indicate below if you wish to accept partial funds to accomplish part of your objectives. You will be asked to modify your project objectives and expenditures in writing.

I would accept partial funding.  X

I cannot accomplish an objective with partial funding.

Printed Name: David Donzella

Signature:   
(Project Leader or Authorized Signer of grant application.)

### COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

The undersigned shall comply with Titles I and II of the Americans with Disabilities Act of 1990 regarding nondiscrimination on the basis of disability in employment and in state and local government services in the course of providing such services and programs, funded in whole or in part by Broward County.

### AUTOMATIC TERMINATION OF LEGAL AGREEMENT

Should your agency be party to a legal agreement with the County for funding and the grantee voluntarily notifies the County that they cannot use the funding or the project is not moving forward, then such notification makes it an automatic termination of the legal agreement.

EMS COUNTY GRANT PROGRAM

**PRESENTATION MEETING REPRESENTATION**

Will a representative attend the Presentation Meeting on Thursday, October 5, 2006.

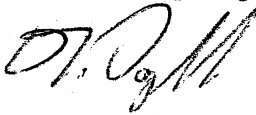
Yes XX No      Making a presentation? Yes XX No     

*Barbara Pomeranz will contact you with approximate presentation times and coordinate any AV aids you will be needing or using.*

**Authorized Agency Representative Signature:**

I accept responsibility for management of the project and compliance with applicable terms and conditions, including EMS County Grant General Conditions, and certify that to the best of my knowledge, the information contained in this application is true and correct. I have authority to sign for my agency.

**AUTHORIZED SIGNATURE:**



**DATE:** 07/12/2006

**PRINTED NAME:** David Donzella

**TITLE:** Acting Fire Chief

**AGENCY NAME:** City of Lighthouse Point Fire Rescue

**TELEPHONE NUMBER:** (954) 941 2624

**EMAIL ADDRESS:** ddonzella@lighthousepoint.com

This is the last page of your Application unless your application is "Multiple Agencies" or "Countywide." If you checked "Multiple Agencies or "Countywide" - "Applying for Equipment" on Page 8, please go to page 16.

## EMS COUNTY GRANT PROGRAM

Project Leader: If your project is for "Multiple Agencies/Countywide Projects- Applying for Equipment"

please send out the Interest Inquiry Pages, 17-19, and complete the Recap.

### INSTRUCTIONS FOR RECAP

The agencies participating in your project need to be aware of, and agree to, the same terms and conditions as your agency. Please fax or mail Application Pages 17, 18, 19 to those agencies. Please send them any additional information you feel they may need to understand the objectives of the grant project. Please do not fill in their answers.

Then, please recap the responses by listing below the agencies participating and the quantity they are requesting based on your written responses from the project interest inquiry. Please make 12 copies of this page and include with each of the 12 copies of your application.

If you have not heard yet from some agencies, please indicate so. This recap list is used to confirm your quantities.

### INSTRUCTIONS FOR PAGES 17 – 19.

Please submit only one copy of the Interest Inquiry Pages, 17, 18 and 19 (the responses from other agencies) with your original application. These are not provided to the Grants Committee members, only the recap. Attach them at the end of the original application, after research documentation, support letters, etc.

### RECAP

#### List Agencies Responding:

BSO Fire Rescue

Coral Springs

Davie

Dania Beach

Deerfield

Ft. Lauderdale

Hallendale Beach

Hollywood

List Agencies "not interested":

None

#### List Quantity:

242

62

78

38

62

151

34

70

#### List Missing responses:

None

Attach additional pages if needed. You may change the format.

## EMS COUNTY GRANT PROGRAM

Project Leader: If your project is for "Multiple Agencies/Countywide Projects- Applying for Equipment"

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### RECAP

List Agencies Responding:	List Quantity:
Lauderhill	42
Lighthouse Point	14
Margate	18
Miramar	66
North Lauderdale	22
Oakland Park	13
Pembroke Pines	78
Plantation	34
List Agencies "not interested":	
None	

List Missing responses:

None

Attach additional pages if needed. You may change the format.

## EMS COUNTY GRANT PROGRAM

Project Leader: If your project is for "Multiple Agencies/Countywide Projects- Applying for Equipment"

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### RECAP

#### List Agencies Responding:

Pompano Beach

Seminole Tribe

Sunrise

Tamarac

#### List Quantity:

82

22

78

58

#### List Agencies "not interested":

None

#### List Missing responses:

None

Attach additional pages if needed. You may change the format.